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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32123**

FILED OCT 14 1941

Registration District No. **06**

Primary Registration District No. **5806**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Portageville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **1 month** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **(Rural)** (If outside city or town limits, write "RURAL") **07200**
(d) Street No. (If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Mammie Joe Mentchie**
3. (b) If veteran, name war **✓**
3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** day **9** year **1941** hour **11** minute **45 A.M.**
21. I hereby certify that I attended the deceased from **Oct - Sept 3, 1941** to **19**;
that I last saw her alive on **Sept 7, 1941** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive **12** years (Month) (Day) (Year)

Immediate cause of death **Acute Enterocolitis** Duration

8. AGE: Years **1** Months **27** If less than one day hr. min.

Due to **The cause of common summer complaint**

9. Birthplace **New Madrid Co. Mo** (City, town or county) (State or foreign country)

Due to **1941**

10. Usual occupation **Member**

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business
12. Name **Hardy Mentchie**
13. Birthplace **Portageville, Mo** (City, town or county) (State or foreign country)
14. Maiden name **Wentz**
15. Birthplace **Newport Ark** (City, town or county) (State or foreign country)

Major findings: Of operations **None** Of autopsy **No** PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant **Nelson F. Keating**
(b) Address **Portageville Mo Rt 2**
17. (a) **Burial** (b) Date thereof **9-10-1941** (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Portageville**
(b) Address **Portageville**
19. (a) **9-28-1941** (Date received local registrar) (b) **Man W. Cook** (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury **0**
23. Signature **A. H. Reader** (M. D. or other) Address **Portageville Mo** Date signed **Sept 11, 41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 1041-~~2559~~13

Date Filed 10/2/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.